

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34294

State File No.

FILED OCT 20 1952

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>1070</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Washington Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Washington Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #3</u>				d. STREET ADDRESS (If rural, give location) <u>RR #3</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWIN</u>		a. (First)		b. (Middle)		c. (Last) <u>JONES</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 23, 1861</u>	
9. AGE (In years, last birthday) <u>91</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>West Jefferson, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Meadowcroft</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Agnes Jones</u> ADDRESS <u>RR #3, St. Joseph</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Myocardial Degeneration</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-----</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 4</u> , 19 <u>52</u> , to <u>Oct 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>52</u> , and that death occurred at <u>5:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Lequarpo</u>				23b. ADDRESS <u>801 1/2 Francis St., City</u>		23c. DATE SIGNED <u>10-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Denton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denton, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>October 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.